Maternal Infant Health Program: Proposed Design

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MPHI Interactive Learning Center

Lynette Biery, Suzette Burkitt-Wesolek, Stacey Duncan-Jackson

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Immediate program goal

- To improve the health and well being of Medicaid-eligible pregnant women and infants through a standardized, system-wide process to:
  - Screen all Medicaid-eligible pregnant women for key risk factors
  - Assign risk stratification
  - Engage all Medicaid-eligible pregnant women
  - Deliver targeted intervention
  - Measure specified outcomes

Long Term Program Goal

- To reduce maternal and infant morbidity and mortality

Program Design Goal

Create a feasible Maternal Infant Health Program that can be implemented within the time frame (10/1/05) and resource constraints set forth by MDCH.

Program Design Criteria

- Focus on maternal knowledge and skills; serve mother-infant dyad, beginning in pregnancy
- System-wide, integrated, seamless approach, connecting women to support resources and community resources (integrate with medical home)
- Population management model
- Stratification based on defined key risk factors
- Use of proven and promising approaches

Program Design Criteria, continued…

- Strong effort to engage and serve high-risk, hard-to-reach families
- Continuity of worker/family relationship
- CQI
- Ongoing data collection/evaluation
- Value purchasing approach
  - Actuarially sound
  - Funding mechanism that supports program objectives
- Spending in keeping with available resources

Design process

- Considered 3 types of programs:
  - Case management
  - Fully web-based model with multiple points of entry and centralized oversight
  - Hybrid – enhanced current program and moving forward a fully web-based model over a 2-3 year period

Case management and web-based programs – considerations:

Case management:

- Carve-out
- Vendor relationship
- Sub-contracts
- Intensive MDCH oversight
- Waiver

Web-based:

- IT support requirements
- Complexity
- Expensive
- Not feasible within defined time frame

"Hybrid" program:

- Begins with existing program structure
- Phased-in approach
  - Can begin 10-1-05
  - Continuing enhancements over 2-3 years
- Infant component will be added in conjunction with the design process

Hybrid program – core concepts:

- Centralized management and tracking
- Focused case finding, assessment, and intervention
- Performance expectations and feedback
- Reimbursement

Centralized management and tracking

- Registry
  - Tracking and reporting
  - Reminder/recalls
- Program management – centralized at MDCH
  - Technical and program support essential!

Case finding, assessment, and intervention

- Outreach focused on engaging Medicaid pregnant women
  - Highest intensity of service to highest risk clients
  - Must include WIC!
- Targeted screening, assessment, and risk stratification

Domains of care:

- Smoking
- Nutrition
- Chronic disease
- Alcohol/substance abuse
- Domestic violence
- Behavioral health
- Pregnancy complications/short inter-pregnancy interval
- Emergent basic needs

Performance expectations and feedback

- Performance expectations clearly defined
  - Required for participation
- Common care plan
- Ongoing monitoring and feedback
  - 2-way data exchange and reporting
  - Auto-assignment process
- Increasing expectations over time

Reimbursement

- Shift from per visit reimbursement
  - Based on risk level and service intensity
  - Builds in performance incentives
    - » Important for providers to succeed
    - » Increasing expectations over time

Implementation: Phase 1

- Registry (non-web)
- Revised uniform screening and assessment tool (domain-based)
- Evidence-based interventions and outcomes
- Mandatory data exchange/reporting
- Billing requirements as mandated in Medicaid Provider Manual
- Training and technical support

Implementation: Phase 2

- Phase 1 elements, with:
  - Web-based registry and data submission
  - Additional training and technical support
  - Increased expectations for performance and reporting

Implementation: Phase 3

- Fully web-based
- Interface with MDCH data warehouse
- Multiple points of entry
- Automated risk assignment and care plan generation
  - Evidence-based
- Increasing performance expectations
  - Tied to incentives

Questions, discussion,
next steps